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London County Council.

**REPORT of the Medical Examiner to the London County Council,
R. J. Collie, M.D., J.P., on the work of the five years, August,
1904, to July 31st, 1909.**

(Ordered by the General Purposes Committee to be printed, 8th November, 1909.)

The Medical Examiner's report includes the following:—

	No. of cases examined.	Approximate number of official examinations.
Entrance examination for physical fitness	... ... ... 4,706	... 4,854
Accidents to employees, general class	... ... ... 278	... 551
" " fire brigade	... ... ... 182	... 432
Sickness of employees, general class	... ... ... 562	... 1,131
" " fire brigade	... ... ... 242	... 544
Medico-legal cases— I. Third-party claims, accidents to passengers and collisions with tramcars	... ... ... 687 (a)	
" " II. Third-party claims, other than accidents to passengers and collisions with tramcars	... ... ... 18	} 984*
" " III. Accidents to employees (Workmen's Compensation Act, Employers' Liability Act)	... ... ... 82 (b)	
	6,757	8,496

(a) Including 78 cases pending completion of legal negotiation.

(b) Including 2 cases pending completion of legal negotiation.

* Including attendances at court.

GENERAL ENTRANCE EXAMINATIONS.

EXAMINATION AS TO GENERAL FITNESS (EYESIGHT AND PHYSICAL) OF CANDIDATES FOR ENTRANCE INTO THE SERVICE.

4,706 cases. Approximately 4,854 examinations:—

Passed.

Passed at first examination	... ... ... ... 4,025	
Passed under special conditions at first examination	... ... 23	
Passed after postponement...	... ... ... 134	
Passed under special conditions after postponement	... ... 1	
Passed temporarily ...	... ... ... ... 3	
	4,186	Percentage of whole ... 88.95

Rejected.

Rejected at first examination	... ... ... ... 446	
Postponed, but did not appear for a second examination, and consequently counted as Rejected ...	... ... ... 38	
Rejected after postponement	... ... ... ... 13	
	497	Percentage of whole ... 10.56

Postponed.

Postponed for a re-examination still pending 23	Percentage of whole ... 49
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NOTES WITH REGARD TO POSTPONEMENT OF ENTRANCE CANDIDATES FOR A RE-EXAMINATION AT A LATER DATE.

Cases were frequently postponed when men otherwise healthy suffered from some disability obviously remediable by operation, such as a varicose condition of the lower extremities, hernia, etc. In most cases candidates gladly availed themselves of the chance of passing after operation.

It will be noted that the percentage of failures is largest where the candidate sought to enter a department of the Council's service where the work is strenuous, such, for instance, as the Fire Brigade, Tramways, Main Drainage. In the first two departments good eyesight is all important and many failed on account of defective vision.

With regard to those passed "under special conditions"; before the passing of the Workmen's Compensation Act, 1906, I gladly availed myself of the opportunity of advising that certain candidates be allowed to contract out for special disabilities; that is to say, they were admitted with some acknowledged defect on the distinct understanding that no superannuation money would be paid should they have to leave the service on that account. The Workmen's Compensation Act of 1906, however, made all such arrangements illegal, so that the practice has now to be discontinued—to my regret—and no cases are passed conditionally.

A public body, where the supply of candidates is practically unlimited, has a right to expect from its medical examiner a definite statement of fitness or otherwise.

TABLE showing how the 4,706 candidates were distributed over the various services from 27th July, 1904, to 31st July, 1909:—

	Passed.				Rejections.				Post-pended for re-examination not included in this report.	Percentage of postponed per department.	Total number examined in each department.	
	Passed at 1st examination.	Passed at 1st examination under special circumstances.	Passed after post-pone-ment.*	Total passes.	Percent-age of total passes per department.	Rejected at 1st examination.	Rejected after post-pone-ment.†	Total rejections.	Percent-age of total rejections per department.			
Tramways (motormen only)	1,467	3	32	1,502	89·35	162	7	169	10·05	10	·60	1,681
Fire Brigade	721	...	17	738	81·90	151	10	161	17·87	2	·23	901
Establishment	738	5	35	778	94·65	29	10	39	4·74	5	·61	822
Parks	247	4	14	265	90·14	22	4	26	8·84	3	1·02	294
Rivers	165	4	1	170	79·44	39	5	44	20·56	...	...	214
Stores	141	...	12	153	91·62	9	5	14	8·38	...	...	167
Education	188	3	8	199	95·22	4	6	10	4·78	...	...	209
Main Drainage	134	...	3	137	87·82	16	1	17	10·90	2	1·28	156
Highways (other than motormen)	79	...	8	87	93·55	5	...	5	5·38	1	1·07	93
Public Control	52	3	1	56	98·25	1	...	1	1·75	...	...	57
General Purposes	28	...	...	28	87·50	4	...	4	12·50	...	...	32
Asylums	21	2	...	23	85·18	2	2	4	14·82	...	...	27
Bridges	12	...	1	13	81·25	2	1	3	18·75	...	...	16
Housing	13	...	2	15	100·00	...	...	...	...	...	...	15
Works	11	...	1	12	100·00	...	...	...	...	...	...	12
Public Health	3	...	1	4	100·00	...	...	...	...	...	...	4
Local Government	3	...	...	3	100·00	...	...	...	...	...	...	3
Improvements	2	...	...	2	100·00	...	...	...	...	...	...	2
Records and Museums	...	...	1	1	100·00	...	...	...	...	...	...	1
	4,025	24	137	4,186	88·95	446	51	497	10·56	23	·49	4,706

* Includes 3 cases temporarily accepted.

† Starting from 22nd August, 1907, only.

‡ Includes 38 cases which did not appear for re-examination.

TABLE showing the causes of rejection at first examination of 446 candidates at General Entrance Examination.

NOTE.—When a candidate is rejected for more than one complaint, the case is classified under the head of the more marked of the complaints.

Cause.	Number.	Percentage of total rejected.
Defects of vision ...	240	53·81
Albumen in urine...	50	11·21
Diseases of the heart ...	35	7·85
Hernia (including threatened hernia and undescended testicle)	30	6·72
Varicose veins ...	21	4·71
Syphilis ...	9	2·01
Lung disease ...	7	1·57
Varicocele ...	7	1·57
Poor physique or constitution ...	7	1·57
Skin diseases ...	6	1·34
Sugar in urine ...	6	1·34
Obesity ...	4	·89
Mental weakness ...	4	·89
Hydrocele ...	3	·67
Seventeen special causes (one case of each)—		
1. Has had recurring rheumatic fever		
2. Profound anaemia		
3. Stammers, especially when excited		
4. Discharge from ear		
5. Prolapse of womb		
6. Deep ulcer of right ankle. Refused examination. Impaired movement of left wrist also		
7. Old injury to right hand. Cannot grasp properly		
8. Deformity of forearm from old fracture		
9. Has had two operations for appendicitis and rupture following. Weakness of abdominal wall	17	3·85
10. Tumour of forehead connected with brain (a blow on it might prove fatal)		
11. Angular curvature		
12. Dupuytren's contraction of ring finger		
13. Bubo		
14. Goitre		
15. Uncleanliness		
16. Locomotor ataxia		
17. Deafness		
Total	446	100·00

446 REJECTED CANDIDATES.

TABLE showing various causes and how distributed amongst departments:—

Department.	Tram-ways (motor-men only).	Fire Bri- gade.	Rivers.	Estab- lish- ment.	Parks.	Main Drain- age.	Stores.	High- ways.	General Pur- poses.	Educa- tion.	Bridges.	Asy- lums.	Public Con- trol.
Syphilis ...	...	5	1	2	1	...	...	...	...	...	...	...	...
Obesity ...	...	1	2	...	1	...	...	...	...	...	...	...	...
Mental weakness ...	2	2	...	...	...	...	...	...	...	...	...	...	...
Defects of vision ...	91	86	22	8	10	12	4	3	1	...	1	1	1
Disease of heart ...	10	6	3	3	4	1	4	...	1	1	1	1	...
Varicose veins ...	16	2	1	...	1	...	...	1	...	...	...	...	...
Lung disease ...	2	1	1	2	...	...	...	1	...	...	...	...	...
Hernia (threatened hernia and un-descended testicle) ...	14	5	3	1	3	2	...	...	1	1	...	...	...
Sugar in urine ...	4	1	1	...	...	...	...	...	...	...	...	...	...
Albumen in urine ...	13	24	2	9	...	...	1	...	...	1	...	...	...
Varicocele ...	1	3	1	...	1	1	...	...	...	...	...	...	...
Skin diseases ...	2	4	...	...	...	...	...	...	...	...	...	...	...
Poor physique and constitution ...	...	4	...	2	...	...	...	...	...	...	...	...	...
Rheumatic fever ...	...	1	...	1	...	...	...	...	...	...	...	...	...
Profound anaemia ...	...	...	...	1	...	...	...	...	...	...	...	...	...
Stammering ...	...	...	...	1	...	...	...	...	...	...	...	...	...
Discharge from ear ...	...	...	1	...	...	...	...	...	...	...	...	...	...
Prolapse of womb ...	...	...	...	...	...	...	...	...	1	...	...	...	...
Ulcer of ankle ...	...	...	...	1	...	...	...	...	...	...	...	...	...
Bubo ...	...	...	1	...	...	...	...	...	...	...	...	...	...
Goitre ...	...	...	...	...	...	...	...	...	...	1	...	...	...
Angular curvature ...	...	...	...	...	...	1	...	...	...	...	...	...	...
Hydrocele ...	3	...	...	...	...	...	...	...	...	...	...	...	...
Deafness ...	1	...	...	...	...	...	...	...	...	...	...	...	...
Injury (old) of hand ...	...	1	...	...	...	...	...	...	...	...	...	...	...
Dupuytrens contraction of ring finger left hand ...	1	...	...	...	...	...	...	...	...	...	...	...	...
Injury (old) of forearm ...	...	1	...	...	...	...	...	...	...	...	...	...	...
Locomotor ataxia ...	...	1	...	...	...	...	...	...	...	...	...	...	...
Operation, scars of abdomen producing weakness of abdominal wall ...	...	1	...	...	...	...	...	...	...	...	...	...	...
Uncleanliness ...	1
Tumour of forehead connected with brain	1
	162	151	39	29	22	16	9	5	4	4	2	2	1

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RESULTS OF EXAMINATION OF EYESIGHT ONLY.

5,405 CANDIDATES FOR ENTRANCE INTO THE SERVICE.

A. EXAMINATION OF EYESIGHT OF TRAMWAY DRIVERS—2,703 Cases:—

		Cases.	Percentage of whole number examined.
Passed (perfect vision) ...	...	2,310	85·47
Passed (some defect of vision) ...	...	165	6·10
Passed (after postponement) ...	...	11	·40
		2,486	

Rejected (after postponement) ...	...	1	·04
Rejected at once ...	...	216	7·99
		217	100·00

Analysis of Rejections.

	Cases.	Percentage of rejected cases.
Defects of acuteness of vision ...	147	67·74
Colour blindness ...	65	29·96
Squint ...	5	2·30
	217	100·00

Thus colour-blind candidates amounted to 2·4 per cent. of the whole 2,703 examined.

NOTES ON THE EYESIGHT OF TRAM DRIVERS.

In November, 1904, I was asked to examine 73 tramway drivers with a view to assisting the Highways Committee, which was then considering the question whether it should order an examination of the eyesight of the whole force of tramway drivers. Of the number examined 13 were found wholly unfit for the service (7 being rejected on account of defects of range of vision and 6 on account of colour-blindness). Two could only read one-third of the normal range; one could read but half; one read one-sixth; and one man who had been actually driving could not read at 20 feet what he ought to have been able to read at 200 feet. I had no hesitation in recommending that all tramway drivers should be subjected to a strict test, and that no one should be accepted who could not see well. I suggested also that the wearing of lenses should not be permitted to these men; that even the use of plain glass goggles should not be allowed, and that all drivers should be re-examined periodically. The committee gave full effect to all these suggested changes, except the last. In view of the fact that degenerative changes undoubtedly take place in the eye after 40 years of age, and that illness not infrequently affects visual acuity, I strongly advise the Council to adopt the recognised practice of all railway companies, namely, repeated re-examination at stated intervals of all drivers.

Since the date of this report all drivers in the service have undergone an eyesight examination, and all new drivers have had their eyesight thoroughly tested before being allowed to drive.

The engineering and clerical staff are also examined at entrance, but not conductors, car washers, horsekeepers, etc.

The standard of eyesight now required for drivers is perfect vision with each eye separately. It should be noted, however, that a very large number of men were examined after they had in fact been driving for the Council, and a slightly lower standard (two-thirds the normal range with one eye provided the other was normal) was accepted.

It will be noticed that 65 out of the 2,703 tramway candidates examined were colour-blind. The method of examination adopted for colour-blindness is that adopted by the Board of Trade and other large authorities, and consists in matching certain tints and shades of coloured wools (Holmgren).

In addition candidates are shown a lantern which displays white, green, red and other coloured lights, the glass giving these colours being that actually used for signalling purposes in the tramway service; the glass, however, is ground, which gives the colours the dulled appearance they have in a fog. By setting the examinee at the requisite distance and allowing an aperture for the emission of light of a certain small size the coloured light is made to correspond to an ordinary signal lamp at 500 feet. Candidates are not asked to name the colours (many educated people cannot name colours correctly), but to hold in the hand a frame in which are inserted small pieces of coloured glass exactly similar to those shown to the candidate in the lantern. He is then asked to indicate on the frame with his finger the various colours of the lantern as each is displayed. Each driver is tested twice in this way with each colour, for on one occasion a man who was undoubtedly colour-blind guessed correctly five colours in succession. The colours are, of course, changed each time, and the same is never given twice running. Candidates who have been tested cannot, therefore, afford assistance to others who are about to be examined.

All are examined for tobacco blindness by means of pins with coloured heads.

From this it will be seen that the examination of the eyesight of tramway drivers is a very thorough one, every precaution being taken to ensure the safety of the public in this respect.

In August, 1907, it was decided by the Highways Committee that tramway drivers should in addition be examined not only for eyesight, but should also undergo a thorough examination as to their general physical fitness, as is the rule with other employees in the various departments of the service. The results of this physical examination are shown in the figures dealing with the general examination for physical fitness. Six hundred and eighty-eight drivers, whom I had previously examined for eyesight only, were sent to me again to be examined as to their general physical fitness. All new drivers now undergo a complete physical examination, which, of course, includes the eyesight test.

B. EXAMINATION OF EYESIGHT ONLY OF CANDIDATES OTHER THAN TRAMWAY DRIVERS—2,702 Cases.

		Passed with normal vision.	Passed with some defect of vision.	Total number passed.	Rejected.	Total number examined.
Fire brigade	...	655	39	694	71	765
Establishment	...	471	270	741	8	749
Parks	...	191	60	251	9	260
Rivers	...	143	44	187	22	209
Education	...	134	65	199	1	200
Stores	...	105	41	146	3	149
Main drainage	...	92	23	115	11	126
Highways (other than motormen)	...	52	29	81	5	86
Public control	...	37	18	55	1	56
General purposes	...	16	12	28	1	29
Asylums	...	15	7	22	1	23
Bridges	...	7	7	14	1	15
Housing	...	13	1	14	—	14
Works	...	9	2	11	—	11
Local government	...	4	—	4	—	4
Public health	...	3	1	4	—	4
Improvements	...	1	1	2	—	2
		1,948	620	2,568	134	2,702

LIBRARY
OF THE
UNIVERSITY OF ILLINOIS

60 m - 200 ft

B

36 m - 120 ft

E D

24 m - 80 ft

Y N H

18 m = 60 ft

R C P O

12 m - 40 ft

O R C B D

9 m = 30 ft

P F E D W U

6 m - 20 ft

L Z T U C O A

[Snellen's
Types]

NOTES ON THE EYESIGHT OF EMPLOYEES OTHER THAN TRAMWAY DRIVERS—2,702 Cases.

It is to be remembered that different standards are required for different classes of work.

Firemen need practically perfect vision, so also did the river steamboat captains and deck hands. Those employed in clerical work can do their work well with poor distant vision, provided they can see to read and write, etc.

The question of wearing glasses is not difficult to settle; it is obvious that for most sedentary occupations lenses are perfectly admissible; it is equally clear that when examining men engaged in such occupations as tram-car drivers or firemen, to pass those who would require to wear spectacles would be absurd, for they would instantly become dimmed either with steam or rain. In the case of clerks where near vision is good and distant vision bad, and the defect remediable by the use of glasses, I always insist on these being procured before passing the candidate, for one must remember that defective eyesight not infrequently contributes to street accidents, which would, of course, have an influence on the Superannuation Fund. The standard I fix is that where glasses are allowed, all candidates with half the normal range, or less, have to obtain suitable glasses, and are re-tested after the glasses are procured. Where candidates are in the service on the Unestablished Staff and have been for years, a high standard is not demanded.

Some candidates had only one working eye, the other being blind, or practically so.

Coachmen in the Fire Brigade are tested for colour-blindness in the same way as the tramway drivers.

A definite, fixed, invariable standard, and a method of recording it; is absolutely essential in sight-testing; the following method is therefore adopted:—

In order to find exactly the acuteness of the candidate's vision, he is asked to read Snellen's Test-types at a distance of six metres (20 ft.). A strong 25-candle power electric light at only a few inches off is made to shine on the letters.

The smallest type, L Z T U C O A should be read at six metres (or 20 ft.). If these letters are read at six metres the candidate has perfect vision. The result is expressed as a fraction. The distance at which the candidate stands from the type is always put as the numerator of the fraction, and as the candidate is never allowed to alter his distance from the test types, during the examination the numerator is *always six*.

Now, many cannot read at six metres the lowest line, but from defect of vision can only read, let us say, O R C B D (see inset), which is the third line from the bottom; that is, he only reads at six metres what a normally sighted candidate can read at twelve metres. His fraction would therefore be $\frac{6}{12}$, or one-half normal vision; and so, if he only read the large letter B at six metres, his vision would be $\frac{6}{60}$, or one-tenth the normal range.

Each eye is, of course, examined and reported on separately.

ACCIDENTS.

GENERAL STATISTICS OF ALL CASES AMONGST EMPLOYEES EXAMINED FOR ALL COMMITTEES.

Period covered:—

General Class: (a) Highways, February, 1908—July 31, 1909.

(b) Other departments, August, 1904—July 31, 1909.

Fire Brigade: August, 1904—July 31, 1909.

	Number of Cases.		Approximate number of official examinations.		Percentage of examination per employee.
Fire Brigade	182	...	432	...	2·3
General Class (<i>i.e.</i> , Highways 174, other departments 104)	278	...	551	...	1·9
	460	...	983		

(The number of official examinations does not include all consultations. I sometimes see employees unofficially when there is any doubt as to their condition, in order to avoid error.)

Results of examination showed:—

	GENERAL CLASS.			Fire Brigade only.	Total number (General class and Fire Brigade).	Percentage on total number.
	All Departments except Highways.	Highways only.	Total of General Class.			
Cases fit for duty immediately after first examination	25	39	64	30	94	20·4
Cases requiring further leave from date of first examination ...	58	118	176	111	287	62·4
Permanently unfit after single or final examination. Also includ- ing deaths immediately under Medical Examiner's notice ...	10	5	15	37	52	11·3
Malingeringers	10	12	22	2	24	5·2
Resigned or dismissed on medical report	1	—	1	2	3	.7
	104	174	278	182	460	100·00

CLASSIFICATION OF 460 CASES OF ACCIDENTS AMONGST EMPLOYEES.

	General Class.		Fire Brigade.	Totals.
	All Departments except Highways.	Highways.		
Injuries of head	4	5	2	11
,, face, mouth and ear	2	1	6	9
,, eye	4	4	2	10
,, chest and neck ...	—	5	4	9
,, back	12	23	2	37
,, abdomen	—	4	3	7
,, pelvis and organs of generation	2	2	2	6
Cases of hernia following accident	9	5	19	33
Injuries of both extremities :—				
Fractures	15	32	24	71
Wounds (infected wounds)	10	8	17	
,, (incised wounds) ...	5	11	9	67
,, (lacerated wounds)	2	3	2	
Contusions	12	27	23	62
Sprains	6	15	17	38
Synovitis of knees and feet	9	11	16	36
Dislocations	3	6	8	17
Traumatic amputation of fingers	3	—	2	5
Burns	1	1	2	4
Conditions not included above :—				
Traumatic neurasthenia ...	4	8	12	24
*Nitric acid poisoning ...	—	—	9	9
Ruptured varicose ulcer, varicose veins, and thrombosis	1	3	—	4
Eczema of hands following accident	—	—	1	1
	104	174	182	460

*Exposed to nitric acid fumes at a fire on duty. The assiduous attention of the District Medical Officers, assisted by trained nursing and surgical appliances proved successful in every case, though some were very seriously ill.

A.—NOTES ON ACCIDENTS AMONGST EMPLOYEES EXAMINED FOR THE GENERAL CLASS.

Classification.—The General Class of accidents includes accidents examined for every department except the Fire Brigade, which is classified separately; in both cases, however, the same general principles of classification are adhered to.

It is frequently difficult to know under which head an injury may best be classified, especially when several parts are affected. The principle adopted has been to place it under the part most seriously injured, or that part in which the most prolonged and outstanding features arise.

Frequency of certain disabilities.—The conditions resulting from accidents are so many and varied that it is difficult to draw general conclusions from figures so (comparatively) small. Apart from injuries of a common nature, such as contusions of the chest, and leg, wounds of the finger, sprains of the ankle, and fractures of the fibula—which in any list of accidents one would expect to rank high—the interesting features of the accidents under review are the large proportions of inguinal herniae, synovitis and dislocation of the cartilages of the knee-joint, traumatic neurasthenia, and malingering.

Hernia.—The frequent occurrence of inguinal hernia shows how necessary it is to exclude this condition, or a tendency to this condition, at the entrance examination for all those likely to be engaged in laborious work.

Synovitis of knee.—Synovitis of the knee, especially when accompanied with dislocation of one of the cartilages of the knee (generally the internal), is a common condition, and costs the Council much money. It is impossible to exclude the possibility at entrance examination, but its frequency suggests that in modern life either the knee-joint is ill-adapted for the processes of civilisation, or that owing to lack of exercise the knee does not acquire the freedom and range of movements which it must have in savage countries.

Head injuries and Traumatic Neurasthenia.—The number of head injuries appears small, but I have adopted in most cases the plan of classifying the results of head injuries under the conditions consequent on the accident, as this shows the facts better. Of these, of course, traumatic neurasthenia is the chief.

Traumatic neurasthenia is a very definite condition, though the term is very often abused. It most frequently follows head injuries, but may follow any shock, and the symptoms may persist indefinitely. It is extremely difficult to say how far it is feigned and how far organic. The power of

self-control is, for the time, in abeyance, and it is sometimes difficult—very difficult to arouse. The condition is not the result of organic change, even in its most aggravated form it is a question more of perverted mental outlook than physical disease, it is merely the evidence of psychological sin ; indeed, were we to dissect the patient, inch by inch, no anatomical fault would be found.

In a large number of cases introspection and subjective sensations are unwittingly fostered, and a traumatic neurosis is brought into being which is of psychogenic origin, and does not rest upon the physical injury itself, but upon the idea of the injury, which in its turn is dependent upon the personal equation, and the personality of those who are associated with the claimant in any claim that may be contemplated.

I systematically practise "therapeutic suggestion" in all cases of sickness or accident. A given date when the man ought to be well is stated with some assurance, and the knowledge that this date is immediately reported to the employer helps the suggestion. It is done, of course, with some self-confidence, and the assumed omniscience of the exact date of the disappearance of pain, and of the employee's fitness for duty, in four out of five cases—(provided the case is not before the Law Courts)—secures the desired result.

The twenty-eight day rule.—Employees who have been on the sick list for 28 days are sent to the Medical Examiner for examination and report. This is found to be a considerable check upon the temptation to malinger, or to unduly prolong illness after accidents or sickness. For instance, a man who had been drawing sick pay for nearly two years, prior to the passing of the 28 day rule, complained that he was weak and had a pain in his back, that the weather affected it, and that he was unable to work. I satisfied myself that he had no physical disability, and pointed out to him that as he had not given notice of his injury a year ago he could not claim under the Employers' Liability Act ; that the alleged accident happened prior to the passing of the Workmen's Compensation Act of 1906 ; that I believed he was never really ill, and that he was to return to duty forthwith, otherwise I would report him unfit for duty and he would be dismissed, without compensation. He returned to work, and has never complained since of his back, or of any other portion of his anatomy.

The twenty-eight day rule, though by no means equal to systematic re-examination at set intervals, certainly enables me to keep an eye to some extent generally upon the health of the staff. For instance, a tramway driver a little time ago was discovered to be suffering from aortic regurgitation, and a school attendance officer from locomotor ataxia, when they presented themselves on the expiration of the 28 days' sick leave on account of a slight injury in the first case, and a sprained ankle in the second.

Malingering.—Malingering is much more common in accidents than disease, probably because of the Council's legal liability ; it has to be anxiously watched for and considered. For the purposes of this report the term is applied solely to cases of gross deception, perhaps founded on slight physical symptoms, or perhaps on none at all, as evidenced by the following examples. All are liable to exaggerate symptoms when such may turn to our advantage or excite sympathy. The injury inflicted on real sufferers by shamers is so great that the malingerer really deserves no mercy. It is noticeable that no less than 7 of the 22 cases occurred in one department, about the time when this department was closed.

Internal pains and indefinite weakness are most commonly asserted, but it is remarkable how comparatively few have alleged pains in the back, which is, perhaps, the most common fraudulent symptom complained of in third-party claims. A man who had been on the sick list for three weeks was sent to me as he complained of a sprained right thumb. He had made the journey to my house from his home, a considerable distance, on his bicycle. There was nothing wrong with his thumb, and he was told that as he was able to ride his bicycle he was able to resume work at once, which he did.

Another man, after being for four weeks on the sick list, complained of being still unable to work owing to an injury to his knee. I could find nothing wrong with his knee, and told him to resume duty at once. As he did not do so he was again sent to me a few days later. Still nothing could be found. He stated, however, that his knee swelled when he walked. Having measured his knee, I sent him out to walk for two hours ; no swelling was discovered by measurement on his return. He was told to resume work forthwith, which he did.

A workman who had previously been a notorious malingerer was sent to me with regard to an alleged pain in his back. His untruthfulness in this respect was made evident on application of an electric battery. He also alleged deafness in one ear, but this I also was able to prove to be non-existent by means of a simple test with a double stethoscope. He was, in fact, perfectly well and fit for duty, and was sent back to it.

An employee who complained of obscure pains and malingered for thirteen months never had any objective symptoms at all. Six times I reported him fit for duty, and six times he obtained certificates stating that he was unfit for work. He was kept under observation for nine weeks and charged before his department with malingerer, was ordered to be dismissed and forfeit all benefits accruing to him under the superannuation scheme if he did not resume work at once. He commenced forthwith.

Sometimes men who allege trifling complaints are sent back forthwith to duty by an exaggerated sympathy. A tender inquiry, for instance, as to whether an ambulance waggon and a nurse were requisitioned to bring to my house some old soldier, who has shamelessly put himself on the sick list for a microscopic injury, has a most stimulating effect. A pointed reference to the sufferings of our troops in the campaign in South Africa, followed by effusive sympathy, makes protest impossible, and the scorn implied brings the interview and the illness to a speedy end.

B.—NOTES ON ACCIDENTS IN THE FIRE BRIGADE—182 CASES.

Accidents in the Fire Brigade are classified apart from accidents in the other departments, because the standard of fitness required in the Fire Brigade is so much higher.

The same general principles of classification are adhered to, however.

The London fireman is expected constantly to risk his life in the execution of his duty, and he does it. As a consequence he receives many injuries, some terribly serious. Firemen receive *full* wages when ill from whatever cause, and medical treatment from one of the Council's 35 district medical officers, besides being reported on every 28th day by the Council's medical examiner. They are entitled also to a very substantial gratuity or pension (according to definite fixed scale) if permanently incapacitated in the execution of their duty. Firemen, like soldiers, must be fearless, hence the ample provision made to look after them when laid aside. The temptation, of course, is to take advantage, but I do not find the firemen of to-day exaggerate the results of accidents. These men must have wholly recovered before they can be allowed to resume duty, and they are never asked to do so until they are really well. They have learned, I think, to expect both fairness and firmness.

It is noticeable how few cases of malingering were found after these accidents—only two.

There is a large proportion of cases of Traumatic Neurasthenia. This is probably due to the severity of the shock connected with Fire Brigade accidents, *e.g.*, falling from burning houses, being thrown off escapes, and so on.

There are a large number of cases of hernia. I have already reported to the Council on this condition. It is probably predisposed to by degeneration of the abdominal muscles owing to inactivity of firemen's life leading to obesity and fatty infiltration of the muscles, and in this state during the sudden violent strains of their work the rupture gradually, not suddenly (as is generally supposed) occurs. The average fireman has too little systematic exercise. I believe if every fire station had a gymnasium—not necessarily an elaborate or expensive one—hernia would be less frequently met with.

Duration of incapacity arising out of sickness and accident in the Fire Brigade.

In consequence of a general order made in the autumn of 1904, all cases of sickness arising from accidents or otherwise that continued over 28 days were submitted to the Medical Examiner for examination and report at the expiration of that period. I submitted to the Fire Brigade Committee in March, 1906, a special report setting out the results of this new regulation in that department. The following is a brief synopsis:—

Comparison between 1904 and 1905.

		1904.	1905.	
Average number of men in the brigade	... ...	1,291	1,303	Increase of 12.
Total number of occasions on which men were on the sick list	... ...	792	814	Increase of 22.
Total number of men on the sick list	... ...	608	710	Increase of 102.
Total number of days men were on the sick list	...	13,723	12,365	Decrease of 1,358.
Average number of days on each occasion	...	17½	15	Decrease of 2½.
Average number of days per man	... ...	22½	17½	Decrease of 5.
Total number of men sick for more than 28 days	...	107	90	Decrease of 17.
Total number of occasions on which men were sick for more than 28 days	... ...	117	99	Decrease of 18.

From the above it will be seen that although there were considerably more cases of sickness, and a slight increase in the size of the brigade in 1905, yet there was a marked decrease in the duration of the illnesses, and that no less than 1,358 days of sickness were saved in one single year in this department alone.

It is a satisfaction to know that this improvement is being maintained, and that illnesses are not being unduly prolonged. The following figures for the last three years are interesting in this connection—

Years.	Number of men who left sick list between 21st and 24th day inclusive.	Percentage these men formed of total number on sick list.	Number of men who left sick list between 25th and 28th day inclusive.	Percentage these men formed of total number on sick list
August 1, 1906—July 31, 1907	28	2·99	19	2·02
August 1, 1907—July 31, 1908	33	3·52	18	1·9
August 1, 1908—July 31, 1909	23	2·7	26	3·06
Totals	84	—	63	—

SICKNESS.

GENERAL STATISTICS OF ALL CASES EXAMINED AMONGST EMPLOYEES FOR ALL COMMITTEES.

Period covered: August, 1904, to 31 July, 1909.

	Number of cases.	Approximate number of official examinations.	Percentage of examinations per employee.
Fire Brigade	242	... 544	... 2·2
General Class (i.e., other departments)	562	... 1,131	... 2·01
	804	1,675	

The number of examinations does not include all consultations. I can help, by suggestive therapeutics, neurasthenic or borderland mental cases, and they are encouraged to come and see me unofficially.

Sickness in the Fire Brigade has been classified apart from that in other services, because the standard of fitness required in that department is so much higher. The same general principles of classification have been adhered to as in the General Class.

Results of examinations showed:—

	General Class only. All departments except Fire Brigade.	Fire Brigade only.	Total number.	Percentage on total number.
Cases fit for duty and sent to duty forthwith	107	45	152	18·91
Cases requiring further leave from first examination	309	114	423	52·61
Permanently unfit after single or final examination. Also including deaths immediately under the notice of the medical examiner	137	79	216	26·87
Malingeringers...	8	1	9	1·12
Dismissed or resigned on medical report ...	1	3	4	.49
	562	242	804	100·00

The General Class includes employees examined for the following services:—

	Cases.		Cases.		Cases.
Parks	151	Public Health...	6	Housing ...	1
Highways ...	98	Works ...	4	Estates ...	1
Main Drainage ...	96	Asylums ...	3	Records and Museums	1
*Education ...	76	Architect's ...	3	Unclassed according	
Establishment...	76	Bridges ...	3	to department ...	11
Stores	21	Improvements ...	2		
Public Control ...	7	Solicitor's ...	2		
					562

TABLE showing how 137 cases Permanently Unfit in General Class (including Deaths) on account of sickness were distributed amongst the various Committees.

	Cases.		Cases.
Education and Establishment	36	Asylums ...	...
Parks	34	Architect ...	...
Main Drainage ...	29	Bridges ...	...
Highways ...	19	Works ...	...
Stores ...	6	Unclassed according to Department	...
Public Control ...	4		2
Improvements ...	2	Total ...	137

^o Includes school attendance officers, export educational officers, clerical staff, except in case of table of nervous diseases on page 11.

CLASSIFICATION OF THE 804 CASES OF SICKNESS AMONGST EMPLOYEES.

General Classification.	General class.	Fire Brigade.	Total.	Preponderance of certain diseases. (General class and Fire Brigade.)
Diseases of the Nervous System	105	34	139	54 Neurasthenia. 29 Insanity and Mental Depression. 8 Apoplexy. 6 General Paralysis of the Insane, and Locomotor Ataxia.
Infective Diseases. (Tuberculous conditions classified under systems particularly affected).	86	50	136	52 Rheumatism. 33 Influenza. 25 Pneumonia. 5 Enteric Fever. 6 Syphilis (excluding secondary syphilitic conditions classed under systems particularly affected). 4 Scarlet Fever.
Diseases of the Respiratory System ...	96	17	113	41 Pulmonary Tuberculosis. 35 Bronchitis. 17 Pleurisy. 9 Asthma.
Diseases of the Digestive System	48	37	85	13 Appendicitis. 11 Gastritis and Gastric Ulcer. 7 Hernia not due to accident.
General Diseases	52	25	77	25 Debility. 15 Gout. 10 Premature ageing due to laborious work and exposure to weather. 7 Anæmia.
Diseases of the Circulatory System ...	49	12	61	46 Heart Disease. 13 Venous Thrombosis and Varicose Veins.
Diseases of the Organs of Locomotion ...	27	15	42	16 Varicose Ulcer of legs and feet. 10 Lumbago.
Diseases of the Urinary System	33	4	37	27 Kidney Disease.
Diseases of the Eye	13	20	33	12 Defective Vision. 4 Ophthalmia. 3 Iritis. 3 Cataract.
Diseases of the Skin	11	5	16	3 Eczema. 3 Corn.
Morbid Conditions incident to Various Parts	11	4	15	8 Cancer.
Diseases of the Male Generative System ...	9	5	14	4 Prostatic Disease. 3 Orchitis. 2 Varicocele.
Diseases of the Ear	5	6	11	7 Suppuration. 3 Deafness.
Diseases of the Lymphatic System	5	5	10	6 Suppuration of Glands.
No Disease. Malingering	8	1	9	
Diseases of the Nose	2	—	2	
Diseases of the Female Generative System ...	2	—	2	
Toxæmias	—	2	2	One case each of Ptomaine and of Lead Poisoning.
Alcoholism	(10)	(4)	(14)	Some 14 cases of Alcoholism classed under systems particularly affected.
	562	242	<u>804</u>	

DETAILS OF DISEASES OF THE NERVOUS SYSTEM.

Further particulars with regard to these cases will be found below:—

	Establishment.		Parks.	Education.	Highways.	Stores.	Main Drainage.	Public Control.	Works.	Improvements.	Asylums.	Unclassed.	Total.	Percentage on Total.		
	A.	B.														
Neurasthenia	2	19	3	2	5	4	4	2	..	..	1	..	..	42	40·01
Insanity and mental depression	3	3	5	4	1	1	1	1	1	..	..	..	..	20	19·05
Apoplexy ... ...	..	..	1	3	2	..	1	..	..	..	..	..	..	7	6·67
General paralysis of the insane and locomotor ataxia	1	..	1	3	..	1	..	..	..	..	..	..	..	6	5·72
Sciatica ... ...	..	..	1	..	2	1	..	2	..	..	..	..	..	6	5·72
General mental deterioration...	..	..	..	..	..	3	..	..	..	..	..	..	..	3	2·86
Disseminated sclerosis...	..	..	..	..	..	1	..	1	..	..	..	..	..	3	2·86
Paralysis agitans	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2·86
Epilepsy ...	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2·86
Neuralgia ...	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1·90
Caisson disease ...	..	..	..	..	..	1	..	..	..	..	1	..	..	2	1·90
Neuritis ...	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.95
Myelitis ...	..	..	..	..	..	1	..	..	..	..	..	..	..	1	.95
Chorea ...	..	..	..	..	..	1	..	..	..	..	..	..	..	1	.95
Writer's cramp ...	..	..	..	..	..	1	..	..	..	..	..	..	..	1	.95
Lockjaw...	..	..	..	..	..	1	..	..	..	..	..	..	..	1	.95
Tumour of brain (non-syphilitic)	..	..	..	..	..	1	..	..	..	..	..	..	..	1	.95
Facial paralysis ...	..	..	..	..	..	1	..	..	..	..	..	..	..	1	.95
Syphilitic gumma of brain ...	..	..	7	25	19	17	11	8	8	4	2	1	1	103	...
		..	..	..	..	..	..	..	..	..	..	..	2	2	1·90
														105	100·00	
<i>Results per department—</i>																
Permanently unfit	..	..	2	7	8	9	4	4	4	2	1	1	1	44	41·91
Further leave required	..	..	5	15	9	8	5	4	2	2	1	..	..	51	48·57
Fit for duty at once	..	..	..	3	2	..	2	..	2	..	..	..	1	10	9·52
			7	25	19	17	11	8	8	4	2	1	1	2	105	100·00

A. This column includes the general service—i.e., housekeepers, messengers, attendants.

B. This column includes clerical staff in the various departments.

C. This column includes (with one exception) school attendance officers and visitors only.

D. Employees from the Asylums Committee are not as a rule sent to me for examination. The case here referred to was one of particular difficulty from an administrative point of view. Hence its appearance in this table.

The following are details of the 105 cases set out in Table of Nervous Diseases above:—

ESTABLISHMENT COMMITTEE. SECTION A. GENERAL SERVICE ONLY. (ATTENDANTS, HOUSEKEEPERS, MESSENGERS.)

No.	Occupation.	Department.	When first examined.	Nature of illness.	Condition found by Medical Examiner.	Total of probable future disablement from first examination.
1	Charwoman	Clerk of the Council's. General service	Nov., 1905	Neurasthenia ..	Recovering from neurasthenia	1 week.
2	Attendant (male)	Chief Engineer. General service	Jan., 1905	Neurasthenia ..	Three months' rest found necessary, after which he recovered and resumed work	3 months.
3	Charwoman	Clerk of the Council's	May, 1906	Insane	Ineipient insanity : delusions of persecution ..	Permanently unfit.
4	Sample room attendant	Education ..	Sept., 1908	General paralysis of insane	General paralysis of the insane. (Died later in an asylum)	Permanently unfit.
5	Messenger	Education. General service	Feb., 1909	Insane	Mental disorder and delusions of grandeur causing irregularity in conduct. Recovered sufficiently to resume work. (Relapsed later and reported permanently unfit on a date subsequent to close of this report)	3½ months to last examination included in this report.
6	Charwoman	Clerk of the Council's. General service	May, 1909	Mental depression	Suspicious, secretive, dull, forgetful. Treatment advised. At the close of this report was still undergoing treatment in asylum with little sign of improvement	10 weeks to the close of this report.
7	Housekeeper (male)	Clerk of the Council's, General service	July, 1909	Sciatica	To go to seaside for a month as his surroundings were prejudicial to his recovery	4 weeks.

ESTABLISHMENT COMMITTEE. SECTION B. CLERICAL STAFF, ETC.

No	Designation.	Department.	When first examined.	Nature of illness.	Condition found by Medical Examiner.	Total of probable future disablement from first examination.
1	First - class assistant	Education	.. Nov., 1904	Neurasthenia	.. Recovery from neurasthenia	1 week.
2	Second-class (a) assistant	Education	.. Mar., 1905	Neurasthenia	.. Been under treatment; should be well in a month	4 weeks.
3	Second-class (b) assistant	Architect's (Education)	June, 1906	Mental depression	Mentally depressed. Did not benefit by rest and change	Permanently unfit.
4	Second-class (c) assistant	Education	.. July, 1906	Neurasthenia	.. Mentally depressed. Advised 2 months leave after which he recovered	2 months.
5	First - class assistant	Education	.. July, 1906	Neurasthenia	.. Nervous breakdown. Felt himself more and more incapable of mental exertion. Prolonged mental weakness prevented continuance of work	Permanently unfit.
6	First - class assistant	Comptroller's	.. July, 1906	Writer's cramp	.. Writer's cramp. Nervous system much out of order	Permanently unfit.
7	Second-class (b) assistant	Architect's (Education)	Oct., 1906	Neurasthenia	.. Serious nervous breakdown. After 10 weeks he had sufficiently recovered to return to duty. A year and three months later he again relapsed and was found unfit for service; advised to change his sedentary work for an outdoor occupation	Permanently unfit after second illness.
8	First - class assistant	Clerk of the Council's	Jan., 1907	Neurasthenia	.. Serious nerve breakdown. 6 months leave before he recovered	6 months.
9	Unestablished assistant	Architect's	.. Feb., 1907	Insane ..	.. Suffering from mental delusion, i.e., exalted opinion of his own work in the Council.	Permanently unfit.
10	Unestablished assistant	Architect's	.. Mar., 1907	Myelitis ..	.. Undergoing treatment for myelitis. Final decision as to fitness postponed for two months. Re-examined 2 months later, complete paralysis of both legs	Permanently unfit.
11	Unestablished assistant	Architect's	.. May, 1907	Neurasthenia	.. Neurasthenia following influenza. Occasional giddiness. He agreed he would be most likely to recover at work.	Fit for duty.
12	Second-class (b) assistant	Comptroller's (Education)	June, 1907	Neurasthenia	.. Nervous condition following whooping cough a few months previous. Introspective. Mistaken in imagining himself ill. Advised immediate return to work	Fit for duty.
13	Second-class (b) assistant	Architect's	.. June, 1907	Mental depression	Mentally depressed; advised 6 weeks' rest. Re-examined 4 weeks later and found improving and fit for work in 2 weeks. Re-examined 10 weeks later, not having resumed work as advised. Mental depression persisted: final decision as to fitness postponed for 2 months. Re-examined at end of that period and found to be mentally deranged	Permanently unfit.
14	First - class assistant	Architect's (Education)	Aug., 1907	Neurasthenia	.. Profound neurasthenia, urgently in need of hospital treatment. Not likely to recover under 3 months	3 months.
15	Second-class (c) assistant	Public Health	.. Sept., 1907	Neuralgia ..	.. Undergoing hospital treatment for neuralgia. Should be well in 8 weeks	8 weeks.
16	Second-class (c) assistant	Comptroller's	.. Jan., 1908	Neurasthenia	.. Suffering from insomnia. Advised a month's change, after which he resumed duty	4 weeks.
17	Second-class (a) assistant	Housing ..	.. May, 1908	Neurasthenia	.. Neurasthenia—much improved	10 days.
18	First - class assistant	Comptroller's (Education)	.. May, 1908	Neurasthenia	.. Depressed—morbidly introspective. Has had former attacks. Re-examined 6 weeks later. Well	6 weeks.
19	Second-class (b) assistant	Comptroller's (Education)	Oct., 1908	Neurasthenia	.. Neurasthenic condition following sunstroke. Complete rest for 3 months advised, after which he recovered	3 months.
20	Senior assistant	Clerk of the Council's	Jan., 1909	Neurasthenia	Nervous affection. Complete rest recommended for 6 months	6 months. (Final decision not included in this report).
21	Second-class (b) assistant	Architect's (Education)	Feb., 1909	Neurasthenia	.. Brooding over illness he had 2 months previously	Fit for duty.
22	Second-class (b) assistant	Housing ..	.. Mar., 1909	Neurasthenia	.. Allowed to take advantage of an opportunity of going to the south of France to facilitate complete recovery	3 months.

No	Designation.	Department.	When first examined.	Nature of illness.	Condition found by Medical Examiner.	Total of probable future disablement from first examination.
23	Second-class (c) assistant	Education	.. Mar., 1909	Neurasthenia	.. Advised modified Weir-Mitchell treatment in hospital for 7 weeks. Re-examined 6 weeks later and found to have recovered	6 weeks.
24	Minor Establishment (upper section) assistant	Comptroller's (Education)	Mar., 1909	Neurasthenia	.. Improving; advised to go to country for 5 weeks	5 weeks.
25	Second-class (a) assistant	Comptroller's (Education)	April, 1909	Neurasthenia	.. No physical signs of disease, but doubtful (owing to advancing years) if he is likely to be able to remain much longer in the service. Re-examined 2 months later: anxious to work and fit to do so for a time	2 months.

EDUCATION COMMITTEE. (Referred to as "C" in Table of Nervous Diseases.)

No	Designation.	When first examined.	Nature of illness.	Condition found by Medical Examiner.	Total of probable future disablement from first examination.
1	Official in technical school	Aug., 1904	General mental deterioration	.. Marked deterioration of nervous system. 3 months' leave advised. Re-examined at end of that period. No improvement	Permanently unfit.
2	School attendance officer	Sept., 1904	Locomotor ataxia	.. Locomotor ataxia	Permanently unfit.
3	School attendance officer	April, 1905	Apoplexy .. .. ..	.. Apoplectic fit, with paralysis following.. ..	Permanently unfit.
4	School attendance officer	Mar., 1906	Apoplexy .. .. ..	.. Apoplexy	Permanently unfit.
5	School attendance officer	May, 1906	Sciatica .. .. ..	.. Rest in bed for a month advised, after which he recovered	6 weeks.
6	School attendance officer	Sept., 1906	Apoplexy .. .. ..	.. Mild cerebral haemorrhage, slight temporary paralysis of left side, leaving somewhat impaired function of right hand. Undergoing treatment by electricity. After 6 weeks was found to have sufficiently recovered to return to work, but should be kept under observation from time to time	6 weeks.
7	School attendance officer	Oct., 1906	Disseminated sclerosis ..	.. Disseminated sclerosis. Unfit for school attendance officer, but could do clerical work	Permanently unfit for school attendance officer.
8	School attendance officer	Dec., 1906	Insanity .. .. ..	.. Maniacal. (Died).	Permanently unfit.
9	School attendance officer	Oet., 1907	General mental deterioration ..	.. Strange in manner, confused at work, depressed and nervous	Permanently unfit.
10	School attendance officer	July, 1908	General paralysis of the insane ..	.. Strange in manner. General paralysis of the insane temporarily arrested, but unfit for duties	Permanently unfit.
11	School attendance officer	Feb., 1909	Neurasthenia .. .. ..	.. Mentally depressed. Re-examined 6 weeks later—convalescing slowly. Re-examined 4 weeks later—still depressed and strange in manner. Re-examined 4 weeks later—recovered	14 weeks.
12	School attendance officer	Mar., 1909	Mental depression ..	.. Depression and debility following bronchitis and influenza. Recovered after a month	4 weeks.
13	School attendance officer	April, 1909	Mental depression ..	.. Mentally depressed	4 weeks probably.
14	School attendance officer	April, 1909	Locomotor ataxia ..	.. Serious condition but seemed to improve somewhat under treatment. Permitted to resume work	2 months.
15	School attendance officer	May, 1909	Neurasthenia .. .. ..	.. Alcohol and neurasthenia. Special treatment in hospital. Re-examined 6 weeks later. Re-examined 6 weeks later, made good progress, but another month's leave advised. Re-examined at end of that period and found recovered	16 weeks.
16	School attendance officer	June, 1909	Insane .. .. ..	.. Delusions of grandeur. Mentally deranged. Placed in private asylum for treatment. Final decision postponed to a date not included in this report	Uncertain at present time.
17	School attendance officer	June, 1909	General mental deterioration ..	.. Hydrocele. Very poor physique. Mentally defective	Permanently unfit.

PARKS DEPARTMENT.

No	Designation.	When first examined.	Nature of illness.	Condition found by Medical Examiner.	Total of probable future disablement from first examination.
1	Under keeper ..	Jan., 1907	Neuralgia	Operation for supra-orbital neuralgia. Second and third operations were necessary. Severe pain. 3 months later recovered and fit for duty	7 months.
2	Under gardener ..	Sept., 1906	Insane	Abnormal mental condition, loss of self-control owing to alcoholic habits	Permanently unfit.
3	Under keeper ..	May, 1907	Nervousness	60 years old. No definite organic disease but extreme nervousness : unfit for work	Permanently unfit.
4	Under keeper ..	Apr., 1907	Sciatica	Sciatica—arranged to go to Buxton. Re-examined 6 weeks later, very little improvement, pain persists—advised another month off duty. Re-examined 10 weeks later, fit for duty.	5 months.
5	Foreman ..	May, 1906	Mental depression	Mental depression, recovered and resumed duty after 2 months	2 months.
6	Under keeper ..	Feb., 1908	Sciatica	Recovering from sciatica	2 weeks.
7	Gardener ..	Jan., 1908	Insane	Had neurasthenia a year previously but recovered. Nervous, sleepless and depressed, suicidal tendency. Unfit for 1 month. Finally recovered	5 months.
8	Surveyor ..	Jan., 1908	Neurasthenia	Neurasthenia. Nervous, depressed, sleepless. Advised 5 weeks' leave of absence	5 weeks.
9	Under gardener ..	July, 1907	Insane	Nervous, suspicious and said to have delusions. Month's leave advised. Re-examined 1 month later, greatly improved	1 month.
10	Gardener ..	Mar., 1906	Facial paralysis	Paralysis will disappear in time. Suitable for garden work	Fit for duty.
11	Under keeper ..	Jan., 1905	Neurasthenia	Neurasthenia following influenza—to go to the country	3 weeks.
12	Labourer ..	Mar., 1905	Tumour of brain (not syphilitic)	Hospital advised. Re-examined 6 weeks later, tumour of the brain, sight failing, intellect dull; convulsive seizures persist	Permanently unfit.
13	Under keeper ..	June, 1905	General paralysis of the insane ..	Ineipient mental disease. Re-examined a month later, initial stages general paralysis of the insane	Permanently unfit.
14	Under keeper ..	July, 1905	Chorea	Very pronounced, not benefitted by treatment ..	Permanently unfit.
15	Under keeper ..	Sept., 1908	Lockjaw threatened	Now well	Fit for duty.
16	Under keeper ..	July, 1909	Insane	Found to be mentally deficient and unfit for position he holds	Permanently unfit.
17	Under keeper ..	Oct., 1908	Epilepsy	To continue work but be reported at once if any recurrence. Re-examined 4 months later —2 more fits: unfit to work	Permanently unfit.
18	Gardener ..	July, 1909	Epilepsy	Impossible to state that he is an epileptic upon the evidence of one fit only. Re-examined fortnight later. No recurrence of fits. Should resume work but be reported at once in the event of any future fit	2 weeks.
19	Under keeper ..	June, 1908	Apoplexy	Cerebral haemorrhage—convalescing. Probably resume duty in month. Re-examined 1 month later, mentally confused, anxious for work but not fit—difficulty with speech	Permanently unfit.

HIGHWAYS COMMITTEE.

1	Labourer	After 10 years	Caisson disease (<i>i.e.</i> , compressed air illness. NOTE.—Been unfit for duty off and on, ever since he was working in compressed air)	Apparently healthy, but had bleeding from nose and thickening of ear-drums. Re-examined 3 weeks later: attacks of bleeding undoubtedly genuine and recurrent	Permanently unfit.
2	.....	Mar., 1907	Neurasthenia	Nervous; apprehensive and unmannered. A month's rest advised	1 month.
3	Night watchman ..	Feb., 1907	Paralysis agitans	Paralysis agitans. 75 years old	Permanently unfit.
4	Foreman painter ..	Oct., 1908	Paralysis agitans	Early stages of paralysis agitans	Permanently unfit.

No	Designation.	When first examined.	Nature of illness.	Condition found by Medical Examiner.	Total of probable future disablement from first examination.
5	Conductor	.. Aug., 1908	Obscure nervous trouble (later diagnosed as apoplexy)	Obscure nervous trouble could not be exactly diagnosed at first examination: advised re-examination in 6 weeks, but did not present himself until a year later, when it was found he had had a cerebral haemorrhage; was unfit for conductor, but was being safely employed as watchman	6 weeks, and then certain duty only.
6	Clerical assistant	.. Apr., 1909	Neurasthenia	Neurasthenia: month's leave advised. When re-examined at end of that period had not improved: advised a month at a convalescent home; at the end of which period he was found to have recovered and be fit to resume work	2 months.
7	Labourer	.. May, 1909	Apoplexy	Fit to resume work, but encouraged to attend hospital at regular intervals	Fit for duty.
8	Repairer in repairs to cars section	Apr., 1909	Neurasthenia	Four weeks' complete rest essential for recovery. Re-examined at end of that period and found to be much improved and fit to resume work	1 month.
9	Draughtsman	.. Jan., 1909	Neurasthenia	Neurasthenic symptoms: 3 weeks' rest and change advised. Re-examined 3 weeks later and found fit to resume work	3 weeks.
10	Ticket inspector	.. June, 1908	Neurasthenia	Introspective: best remedy work	Fit for duty.
11	Horse-car driver	.. May, 1908	Insane	Insane	Permanently unfit.
MAIN DRAINAGE SERVICE.					
1	Airgrate cleaner	.. June, 1905	Neurasthenia	Should be well after 3 weeks' rest	3 weeks.
2	Clerical assistant	.. Oct., 1905	Neurasthenia	Neurasthenic symptoms, complete rest for 3 months advised. Re-examined 14 weeks later, slight improvement only. Not likely to do any more useful work	Permanently unfit.
3	Labourer	.. Nov., 1906	Mental depression	Delusions—insane, but may be only temporary. Re-examined after 3 months and found much improved. Should go to the country for 1 month, after which he was found fit to resume	4 months.
4	Flusher	.. Oct., 1907	Neurasthenia	Neurasthenia	Permanently unfit.
5	Labourer	.. Sept., 1907	Sciatica	Sciatica—fit to resume duty. 10 months later another attack of sciatica. Should be well in a fortnight. Re-examined 5 months later for same sickness and recommended change of work	Fit for duty after first illness.
6	Master of sludge vessel	June, 1908	Neurasthenia	Prematurely old mentally, and not fit to efficiently perform his special duties. Had several accidents at work at various times	Permanently unfit.
7	Flusher	.. Oct., 1908	Sciatica	Good steady workman, but less strenuous work would be to his advantage	Fit for duty.
8	Chainman	.. Jan., 1908	Apoplexy	Had apoplectic seizure. Not likely to be fit for work again	Permanently unfit.
STORES DEPARTMENT.					
1	Stores assistant	.. Oct., 1907	Neurasthenia	Nervous, self-centred, pale, depressed by anticipation of impending illness. 4 weeks in country advised. Re-examined month later: somewhat improved but requires 3 weeks more rest. Recovered and resumed at end of that period	2 months.
2	Stores assistant	.. Dec., 1907	Disseminated sclerosis	Sclerosis—left leg paralysed. Admission to hospital obtained	Permanently unfit.
3	Stores Assistant	.. July, 1906	Neurasthenia	Marked neurasthenia, 4 months' leave recommended. Re-examined 4 months later, not improved. Paralysis agitans threatened	Permanently unfit.
4	Superintendent	.. May, 1906	Neurasthenia	Sleeplessness and nervous breakdown previous to and following influenza. Recovered after 6 weeks complete rest	6 weeks.
5	Stock keeper	.. July, 1905	Paralysis agitans	Under treatment for 8 months, some temporary improvement. Not fit for continued service	Permanently unfit.
6	Packer	.. Oct., 1908	Insane	Mental depression. Re-examined 6 weeks later, condition unimproved—delusions of persecution; put in asylum for treatment. Delusions persisted—unfit for service	Permanently unfit.

No.	Designation.	When first examined.	Nature of illness.	Condition found by Medical Examiner.	Total of probable future disablement from first examination.
7	Timekeeper ..	May, 1909	Locomotor ataxia	Possibility of improvement. Re-examined 2 months later. Returned to work, as probability of temporary useful service	2 months.
8	Warehouse assistant	May, 1908	Neurasthenia	Nervous, shaky, sleepless, introspective. 6 weeks later considerably improved mentally and physically. Returned to duty after a month and was given a good deal of outdoor work. Is somewhat excitable, but is doing his work efficiently	10 weeks.
PUBLIC CONTROL DEPARTMENT.					
1	.....	Feb., 1905	Neurasthenia	Recovery from nervous breakdown. Re-examined 3 weeks later, when found well enough to resume duty	3 weeks.
2	Inspector ..	Nov., 1905	Disseminated sclerosis ..	Disseminated sclerosis. Was allowed to work as long as possible	Permanently unfit.
3	Inspector ..	Mar., 1909	Neurasthenia	In the Council's interests and his own that he should now take his pension	Permanently unfit.
4	Inspector ..	Feb., 1909	Mental depression ..	Mentally depressed. Advised a month's leave of absence. Re-examined 6 weeks later, fit to resume duty, and did so	6 weeks.
WORKS DEPARTMENT (now closed).					
1	.....	May, 1905	Unsound mind (insanity) and failing health	Delusions of persecution, bordering on insanity	Permanently unfit.
2	Bricklayer ..	Aug., 1905	Neuritis	Neuritis of right arm; undergoing treatment by galvanism	2 weeks.
IMPROVEMENTS COMMITTEE.					
1	Excavator ..	Oct., 1906	Paralysis following caisson disease (compressed air disease). Note.—In the construction of a tunnel large cylinders are sunk in the river. In order to keep out the water they are hermetically sealed and compressed air, is pumped into them; in this atmosphere the men have to work	Partial paralysis due to work in compressed air. For 7 months under observation and treatment, but symptoms became more pronounced and paralysis of right leg apparent	Permanently unfit.
ASYLUMS DEPARTMENT.					
1	Shoemaker ..	Mar., 1909	Neurasthenia	Would probably recover after 3 months' rest, but would inevitably relapse if he continued work in his present environment. Superannuation therefore advised in the Council's interests and his own	Permanently unfit.
UNCLASSED ACCORDING TO DEPARTMENT.					
1	.....	May, 1909	Syphilitic gumma of brain ..	Produced falling of upper eyelid and squint in left eye, after the lapse of several years	Fit for any work but that on which he was previously employed.
2	.....	Jan., 1909	Syphilitic gumma of brain following syphilis	Serious condition: hospital treatment advised; unfit for his previous occupation. Re-examined 5 months later in asylum: hopeless dement; not long to live. (Note.—Died 2 months later.)	Permanently unfit.

A.—REMARKS ON SICKNESS IN THE GENERAL CLASS APART FROM FIRE BRIGADE.

Classification.—In classifying cases the same individual may occur under two diseases when he has been seen at different times, and for totally different complaints which have no relation to each other; and occasionally twice under the same disease when a different question has been asked with regard to him, and there has been a long interval between the examinations. For instance, a man may have a chronic disease about which the examiner may be asked to-day, "Is he fit for duty?" and if the reply is in the affirmative a year may elapse before he is submitted again and superannuated. As a rule, however, the bulk of the cases classified are different individuals.

In classifying by the name of the disease, the chief *operative* cause is entered when there is more than one condition present. For example, a man who is the subject of chronic Bright's disease who was ill with influenza would be entered under the latter head if his absence were caused by it and the kidney condition were not seriously aggravated.

It has been found necessary in this report to adhere to the Royal College of Surgeons official medical nomenclature. This accounts for several complaints such as facial paralysis, the various neuralgias, and so forth, being included in the Table of Nervous Diseases on page 11.

Genuine illness and malingering.—I have endeavoured to indicate the proportion of genuine illnesses by the table on page 9, showing the number who at the end of their month were recommended for further leave, and those who were found to be fit for duty immediately. It does not necessarily mean that members of the latter class, which is less than a quarter the size of the former, were endeavouring unduly to prolong their illnesses, because many, doubtless, expected to return to work. Still, the figures give some indication of the proportion which would have been pleased with a more extended leave from work. It would, perhaps, be difficult to divide some members of this class from those who were positive malingerers, but I have reserved the harsher term for bad cases only, and have applied it, as will be seen, to only eight individuals. It is scarcely worth while going into further details with regard to these eight, for they will not, I think, as long as I act for the Council, trouble the Medical Examiner again.

Hernia—Varicose veins.—The rather large number of spontaneous cases of hernia, venous thrombosis, varicose veins, occurring in the various departments shows the importance of thorough examination of candidates at entrance for these defects. If this number occur in *selected* candidates, what might have occurred if they had not been carefully examined before entering the service!

Typhoid fever.—It is noticeable that only two cases of typhoid fever occurred in the Main Drainage service, where sewer men in large numbers are employed.

Venereal Diseases.—Venereal diseases have not been high. Only two cases of primary syphilis (one complicated by gonorrhœa) were seen. A few other cases of secondary syphilitic conditions of various parts are classified under the systems affected. The majority of cases, of course, would not come under my notice at all, as they would not, as a rule, interfere with the employee's duty. One case of gonorrhœa was referred to me.

Alcoholism.—Alcoholism does not seem to prevail to a large extent among the employees of the Council. I have seen only ten cases in the General class during the period covered by this report, and in these cases it has sometimes only amounted to a strong suspicion. I have always assumed an omniscience in dealing with these, and thus starting on common ground have been able to assist several, sometimes by appeals, sometimes by threats.

Diseases resulting from chills and damp.—A noticeable feature is the rather higher incidence of diseases the predisposing cause of which is believed to be chill and damp (rheumatism, pneumonia, sciatica, etc.) among employees in the Parks department compared with those of the Main Drainage service. It would seem that the health of the latter as regards these maladies is distinctly better; and as the open-air life and comparatively easy work of the Parks employees are exceptionally good conditions for men of the working class, the health of the Main Drainage employees would not seem to be appreciably affected by their occupation.

Phtisis.—Pulmonary tuberculosis and pleurisy (most cases of the latter probably were tuberculous) reach the high total of 23 in the Parks and 6 in the Main Drainage services (29 in all out of a total of 52 for all departments of General class). Here again the healthy life of the parks does not seem to avail them anything, for their return is comparatively the highest. This is a striking fact.

It is well known that the phthisical patients of the metropolis find their way to the parks and open spaces. Is it that the tubercle bacillus is deposited there, and finds its way in dust to the lungs of the park-keepers?

Influenza.—The influenza number is low (total, 28 for all departments of General class) because most cases return to work before the 28 day rule comes into operation, and therefore are not seen by the Medical Examiner. Some further cases in which influenza was the primary factor are classified under the headings of their complications—bronchitis, debility, neurasthenia, etc. Neurasthenia often follows an attack of influenza.

Nervous diseases.—On looking at the detailed table on page 11 it will be noticed that there are 105 cases of sickness due to nervous diseases. The whole number of cases of sickness in all departments (excluding Fire Brigade, which is classified separately) amounts to 562; this table, therefore, alone represents nearly one-fifth of the whole.

Although it is not possible to argue conclusively from the (comparatively) small figures available, the large number of cases of nervous diseases has, to my mind, much significance. It has entailed a very considerable amount of research to investigate thoroughly the causes of the various ailments enumerated in this particular table. There are some diseases mentioned, such as caisson disease, simple neuritis, writer's cramp, lockjaw, neuralgia, etc., which have no special significance either from the nature of the complaint or from the number of cases. But when we come to such diseases as neurasthenia, mental depression, insanity, apoplexy, general paralysis of the insane, locomotor ataxia, general mental deterioration, disseminated sclerosis, paralysis agitans, tumour of the brain, chorea, all of which, from a medical point of view, have a common origin—namely, some pathological deterioration of the central nervous system—it would be instructive to analyse more carefully in what departments the incidence of these particular diseases has fallen, and also the proportion they form of the whole number under consideration.

In passing, I think the serious attention of those who are responsible should be called to the large proportion of cases set out under the heading of neurasthenia, mental depression and insanity. (For the purposes of this table I have included mental depression with the more grave disease insanity, for from a medical standpoint these two conditions are closely allied.) Neurasthenia, as I find it in the service, is mostly the result of overwork, of the stress of competition, and of a desire to be found at work late, in the hope of strengthening the prospects of promotion. It is, nevertheless, a physiological sin, and overtime and overwork should be discouraged in all departments and in all grades of the service. Some cases of neurasthenia have been retained, under observation, at their duties, and encouragement and advice given them. When, however, it has appeared that this course

(which has most frequently been ineffectual) is not advantageous, long leave of absence has necessarily been recommended.

I would like to draw particular attention to the figures appended at the foot of the table on page II, for it is obvious that nervous disease costs the Council much. It will be observed that, whilst only ten were able to return to duty after four weeks' leave of absence, no less than 51 required extended leave of from one week to six months. On the other hand, no less than 44 out of the 105 were permanently unfit, and if alive now are on the pension list.

B.—REMARKS ON SICKNESS IN THE FIRE BRIGADE.

Malingering.—One case only of malingering is reported. Of the 45 cases sent summarily back to duty many were, however, perilously near the line. Since the Council adopted my suggestion of systematically sending to me for examination every member of the Brigade who had been 28 days on the sick list, there has been a marked falling off of the number of men on the sick list for more than four weeks. Indeed, in my opinion, there is now comparatively little tendency to prolong unduly illness beyond the 28th day.

Frequency of diseases.—Exposure diseases (rheumatism, pneumonia, etc.) rank high; so, comparatively speaking, do gout and obesity; these latter conditions probably are fostered by the long periods of inactivity which firemen have to go through when waiting at the stations.

Pulmonary tuberculosis is very low. Alcoholism and syphilis show a low percentage for men in the earlier and middle periods of manhood, but the conditions are present to a much greater extent than is shown by the tables. Syphilis, for instance, is the unseen cause of many early deaths, more especially is this the case in nervous diseases—the cause is remote from a statistical point of view, but is very real, nevertheless.

Neurasthenia and insanity.—As in the case of the other committees, neurasthenia and insanity rank high, no less than 22 cases of these diseases being met with.

Vision.—From the number of men (17) in whom defective eyesight has been the only reason for their being declared permanently unfit, or in whom it has been a leading factor, the importance of searching examination of the vision on entering is obvious. Perfect vision is particularly needed in coachmen, who must drive rapidly. All the men who were invalidated for defective vision were, with one exception, in the service before I became medical examiner.

Varicose conditions.—In two cases ulcer of the legs resulting from varicose veins rendered men unfit—one case being accompanied by mental depression—from his long confinement to the house. In three other cases it caused long illnesses, and two shorter ones. This shows the need of excluding that apparently trivial complaint, varicose veins, at entrance.

MEDICO-LEGAL CASES. SECTION I

THIRD PARTY CLAIMS.—ACCIDENTS TO PASSENGERS AND COLLISIONS WITH TRAMCARS.

August, 1904—July 31, 1909.

Cases included in this report	...	...	...	...	...	...	609
Cases pending	...	...	...	...	...	...	78
<hr/>							687

Note.—The 78 cases pending are recent cases of which full particulars are not at this date yet available, the legal negotiations being not yet completed.

Sex distribution :—

		No. of cases.	Percentage.
Children of both sexes up to and including the age of 12...	...	27	4·43
Males over 12 ...	...	363	59·61
Females over 12	...	219	35·96
		609	100·00

Age distribution :—

		No. of cases.	Percentage.
Up to and including the age of 10	...	26	4·27
11 to 20 inclusive	...	32	5·24
21 to 30 inclusive	...	90	14·78
31 to 40 inclusive	...	144	23·65
41 to 50 inclusive	...	137	22·49
51 to 60 inclusive	...	91	14·94
61 to 70 inclusive	...	62	10·19
71 to 80 inclusive	...	21	3·45
81 to 90 inclusive	...	4	.66
Age not ascertained	...	2	.33
		609	100·00

Severity of accidents as shown by medical examination :--

			No. of cases.	Percentage.
Accidents involving trivial injury	...	...	313	51·39
Accidents involving moderately severe injury	...	...	287	47·13
Accidents involving permanent disability	...	...	8	1·31
Accidents causing fatal result	...	...	1	·17
			609	100·00

MEDICO-LEGAL CASES. SECTION II.

THIRD-PARTY CLAIMS OTHER THAN ACCIDENTS TO PASSENGERS AND COLLISIONS WITH CARS.

18 Cases.

Children of both sexes up to 12	...	...	...	...	...	...	...	...	...	...	9
Males over 12	...	...	...	...	...	...	...	...	...	...	6
Females over 12	...	...	...	...	...	...	...	...	...	...	3
											18
Accident trivial...	...	...	...	...	...	...	...	...	...	...	5
Accident moderately severe	...	...	...	...	...	...	...	...	...	...	9
Accident involving permanent injury	...	...	...	...	...	...	...	...	...	...	3
Accident involving fatal result	...	...	...	...	...	...	...	...	...	...	1
											18
Claimant aged under 10	...	...	...	...	...	...	...	...	...	...	4
" " 11 to 20 (inclusive)	...	...	...	...	...	...	...	...	...	...	4
" " 21 to 40 ( " )	...	...	...	...	...	...	...	...	...	...	1
" " 41 to 50 ( " )	...	...	...	...	...	...	...	...	...	...	4
" " 51 to 60 ( " )	...	...	...	...	...	...	...	...	...	...	1
" " 61 to 70 ( " )	...	...	...	...	...	...	...	...	...	...	2
" age unknown	...	...	...	...	...	...	...	...	...	...	2
											18

Details of Third-party Claims: other than accidents to passengers and collisions with cars.

1	35	Lady ..	Light cart collided with her bicycle and threw her off	Injury to head; depression; impaired hearing; general shock	7 months	Nothing found. There was old-standing inflammation of throat and nose. Very slight deafness if any	None ..	High Court Action. Settled by payment of not exceeding £60.
2	12	Schoolboy ..	Fell on asphalt when playing in school playground	Fractured thigh; shock; pain	3 months	Fracture of thigh. Bone had not united well, and operation (wiring) had to be done. Recovery perfect	None ..	High Court action. Jury found there was no negligence on the part of the school authority.
3	70	Contractor ..	Caught foot in depression in pavement caused by temporary removal of a flag-stone	Injury to right ankle	4 months	Both ankles swollen but the right more so; was lame. Weight, 18 stone. Re-examined one week later. Examined by X rays; no fracture found. The arteries were diseased and the heart fatty. General health bad	Permanent ..	High Court Action. Substantial sum paid in settlement.
4	8½	Schoolboy ..	Large branch of a tree fell on his head in a public park	Fracture of skull. Operation. Loss of memory and liability to run into things	3½ months	Has recovered well. Very good memory. No signs of permanent damage except bony aperture the size of a shilling in the skull, which is well covered over by scalp, and lateral vision impaired. Re-examined 6 months later. Mentally well, but lateral vision diminished. Re-examined —Lateral vision wholly recovered. Well	Slight ..	High Court action. Substantial sum paid in settlement. Considerable part invested for boy's benefit.

No.	Age.	Occupation.	Nature of accident.	Nature of alleged injuries.	When seen after accident.	Condition found by Medical Examiner.	Probable future disablement.	Remarks.
5	12	Schoolgirl ..	Using wringing machine contrary to instructions in Laundry Centre (Education) and squeezed fingers	Half bone of finger removed; head aches; shock	5 months	Finger well healed; incapacity of hand practically nil	Nil ..	County Court action. Verdict for claimant for not exceeding £30 (part invested for the child's benefit and nominal sum for the parent).
6	52	Married woman	Fell whilst going up steps in a public park. Steps alleged not to have been in proper state of repair	Fractured ankle. Shock. Death 3½ months after the accident. Death reported due to insanity said to be due to accident	Not seen	Post-mortem showed that so-called insanity due to delirium following fatty heart. Accident undoubtedly accelerated disease	Deceased	High Court action. Verdict for substantial sum.
7	11	Schoolboy ..	Fell whilst climbing on coping of school out-house in consequence of coping giving way	Compound fracture of right leg	7 months	Bone united not quite solid	2 months	High Court action. Settled by payment of not exceeding £50 (a considerable part invested for the boy's benefit).
8	50	Flour merchant	Trod on loose inset connected with tram lines	Injury right foot..	5 days	Slight contusion of upper surface right foot. Should be well in a fortnight	None ..	High Court action. Settled by payment of not exceeding £80.
9	—	Boiler-maker's infant son	Boy put left foot through iron gate of lift	Crushed off one-fifth of his foot	7 months	One-fifth of foot off ..	Will walk lame	County Court action. Verdict for Defendants. Judge found there was no negligence.
10	Unknown	Publican ..	Fore wheels of motor-cab in which he was driving fell into trench and threw him against glass screen	Severed vein behind ear	3 months	Had much bleeding from artery at back of ear	None ..	High Court action against the Council and Motor-Cab Company. Substantial sum paid equally by the Council and owners of motor-cab.
11	3½	Son ..	Refreshment house keeper on behalf of	Thrown from seat in fish trolley by van running into back of trolley	Fracture of both bones of forearm	5 weeks	Greenstick fracture of forearm	None after a time
12	2½	Daughter ..			Fright causing fits	5 weeks	Appeared to be bright and no reason why she should have more fits	None
13	45	General dealer (male)	Man with hand trolley collided with him	Strained shoulder..	5 weeks	Neuritis of the nerves of right shoulder. Should be well in 2 months	None ..	Settled for small sum.
14	70	Farm labourer	Knocked down by fire engine	Injury right hand, arm, hip and back, concussion	6½ months	Right arm amputated 3½ inches above elbow. Sears on buttock. Heart disease	Probably be fit to do watchman's work	High Court action. Judgment for Defendants. Jury found there was no negligence.
15	—	Schoolboy ..	Tripped when playing in school playground, and struck his arm against iron projection from wall	Left arm broken. Likely to lose use of it permanently	3 months	Had had fracture of condyle of humerus; well healed; could use arm well	None ..	Settled for not exceeding £20.
16	46	Married woman	Collision between steam fire engine and omnibus. Thrown off seat in omnibus	Very serious shock. Injury to knees causing acute inflammation. Blindness in left eye. Mis-carriage	6½ months	Walked home after accident: no doctor called in for 2 weeks. Mis-carriage 2 months after. Seen with own doctor. Hysterical. Some swelling of knees probably constitutional. Blindness due to haemorrhage in eye—not complained of till 2 months after accident, and admitted eye defective before accident	1 month	County Court proceedings commenced. Settled by payment of not exceeding £30.
17	49	Builder and estate agent	Fell in consequence of a flagstone in the footway having been removed for building operations	Sprained ankle ..	11 weeks	Ordinary sprained ankle. Was quite well and probably had been for some time	None ..	County Court proceedings commenced. Settled by payment of not exceeding £25.
18	11	Schoolboy ..	Parapet wall fell on him	Nervous shock ..	3 months	Nervous shock. Recovering. Should be well in 2 months	None ..	Settled by payment of not exceeding £20.

MEDICO-LEGAL CASES: SECTION III.

ACCIDENTS TO EMPLOYEES UNDER THE WORKMEN'S COMPENSATION ACT AND THE EMPLOYERS' LIABILITY ACT.

(a) Cases completed	...	...	...	...	...	...	...	71
(b) Cases pending completion of legal negotiations	...	...	...	...	...	...	...	2
(c) Cases submitted to Medical Examiner for report with a view to possible legal proceedings, but which did not pass into the solicitor's hands	...	...	...	...	...	...	...	9
							Total ...	82

Questions of fitness or unfitness for duty, or for further service, are daily referred to me by heads of departments, and the cases are decided upon the medical opinion expressed. Not so in medico-legal cases. When an employee is sent by the solicitor for examination, it generally means that there is a suspicion that the Council's generous treatment of the sick and wounded is being taken advantage of, and I know by experience that ten to one I shall have to substantiate my opinion in Court in opposition to slings and arrows of opposing counsel, and the too often partisan evidence of members of my own profession.

This work is, however, useful ; it prevents the mental attitude of *laissez faire* which much work in one particular line often engenders.

The fact that my time is not wholly at the service of the Council, that I am engaged in general practice, and that medico-legal cases are frequently referred to me by insurance companies and other public bodies, is of an immense advantage to the Council. It often happens that, when under examination in the witness box in jury cases, an attempt is made to prejudice my evidence by intimating that it is biased in favour of the Council. This somewhat unfair method of attack is, however, not so frequently resorted to by members of the bar as formerly, for I invariably explain to the court that I am not a whole-time officer of the Council, that the Council has other medical men in the tramway department who examine accidents. Occasionally I explain that the Council only fights the worst cases, and that I advise upon a large number of genuine cases which are compensated without legal proceedings. These personal attacks are now found not to be profitable, and have practically ceased.

As an evidence of the difficulty employers have in dealing with employees, I would like to show how unfairly the Workmen's Compensation Act works in one particular. The Workmen's Compensation Act of 1906 reduced the period of disablement which entitles to compensation from a fortnight (as it was in former Acts) to one week. Under the new Act, cases where the incapacity lasts less than two weeks receive compensation only for the days of incapacity in the second week, whereas cases which last at least a fortnight receive compensation for the first week of incapacity as well. In other words, according to the old Act, a workman could not receive any compensation during the first two weeks of his illness. Under the present Act if the workman is ill one week, or less than one week, he gets nothing. If a workman is ill for more than one week, and less than two weeks, he receives half-pay from the commencement of the second week only. (For instance, A is ill one week or less, and gets no compensation at all; B's illness lasts, let us say, 13 days, and he, therefore, receives half-pay for six days only.) But if a workman is ill for two weeks, or longer, he is entitled to half pay from the very commencement of his illness. (So that if C is ill for three weeks he is consequently paid for the whole three weeks, that is, dating from the very beginning of his illness, in contradistinction to A and B.) It is important to make this point clear, for this clause in the Act is responsible for many days of unnecessary sick pay. A Blue Book has just been issued, entitled "Statistics of Proceedings under the Workmen's Compensation Act, 1906, during the year 1908." Table No. 4 in this book shows that out of a total of 288,607 accidents and industrial diseases, no less than 27 per cent. of cases were ill for two weeks but for less than three !

Many working men suffer from hernia, kidney disease, and heart disease, of which they are unaware. For instance, it is very noticeable how definitely hernia is time after time located, not only to a special day, but even to a special hour, and always, of course, whilst the claimant is at work. The remarkable thing is that the patient, as a rule, continues his work days, and often weeks, without complaining. Medical men know well that hernia, in the vast majority of cases, is the result of a very gradual process, and that anatomically it is impossible for the tissues (peritoneum) to stretch, except over a period extending to months, perhaps years, so as to allow a loop of bowel to find its way through the abdominal wall (inguinal canal), or, as is sometimes asserted, even into the scrotum. True, a hernia which has been gradually forcing its way down through, as I believe it always does, a rudimentary anatomical defect in the wall (patent funicular process) at last appears on the surface and is then *discovered*; but this is not an accident, the only accident is the accidental discovery of the swelling. It is, in fact, the result of an anatomical defect.

When emerging through the abdominal wall (the internal or external abdominal ring) a certain proportion of these herniae get nipped, and urgent, acute symptoms always — indeed, inevitably — supervene, rendering the employee *there and then* not only unfit for work, but in imminent danger. Having regard to these pathological facts, how can an employer be reasonably held to be pecuniarily responsible for a congenital defect ?

A medical witness is generally asked this question : Assuming the hernia occurred whilst at work, did the work accelerate the advent of the hernia ? Of course, the only answer an honest man can give is "yes." A lay arbitrator or jury of course at once decides in the man's favour. It is useless to urge that the discovery is the final stage of a series of happenings.

I hold that an employer has a right to expect the employee to be fit for the rough and tumble of the particular work on which he, in common with other men, is engaged.

To parody a well-known quotation—Some are born to be ruptured; some of these achieve

rupture; some (very few) have rupture thrust upon them. In how many cases of this sort do employers accept the pecuniary responsibility of these alleged sudden ruptures rather than take action in the county court. They know that the chance of a favourable verdict is small, owing to the sympathetic attitude of the county court towards the claimant, and the fact that these medical technicalities are ill-understood by the lay arbitrator.

I find that during the last five years, in 66 compensation cases under the Workmen's Compensation Act, the results of my medical report were as follows:—

TABLE A.

66 cases.

Settled <i>out of Court.</i>		Settled <i>in Court.</i>	
50 cases.		16 cases.	
75½ per cent. of the whole.		24½ per cent. of the whole.	
Fit for work. Compensation stopped. No further claim made by applicant.	Temporarily or permanently unfit for work. Council paid half wages during incapacity, or settled for lump sum.	Fit for work. Compensation stopped. Claimant brought action at law. Verdict for applicant.	Fit for work. Compensation stopped. Claimant brought action at law. Verdict for the Council.
8 cases.	42 cases.	3 cases. 18½ per cent. of the Court cases.	13 cases. 81½ per cent. of the Court cases.

* In addition to these 66 cases there were also 5 cases under the Employers' Liability Act. After medical examination and report two were settled by suitable payment from the Council; the remaining three were taken into court, verdict being in favour of the applicants.

These figures in Table A will, I think, be satisfactory to the Council when compared with the results of the industrial accidents of England and Wales during the year 1908, as shown in the Blue Book I have just referred to. They are as follows:—

TABLE B.

328,957 Cases.

Settled <i>out of Court.</i>		Settled <i>in Court.</i>	
326,454 cases.		2,503 cases.	
99·3 per cent. of the whole.		·7 per cent. of the whole.	
Verdict for Applicant.	Verdict for Respondent.		
2,050 cases.	453 cases.		
82 per cent. of the Court cases.	18 per cent. of the Court cases.		

This means that in 99·3 per cent. cases the employer submits to the injured workman having his claim settled without a judicial decision. Nor is the reason far to seek. In an arbitration case where a workman is injured, the only point the Judge (who, of course, has no real medical or surgical knowledge) is called upon to decide is a purely surgical one, and points are always raised both by solicitors and doctors who specialise in these cases, with results so unsatisfactory that 99·3 per cent. of the cases are settled apart from the Court. It costs from £20 to £30 to defend a County Court action of this sort. Workmen and their solicitors know this. Is it unfair to suggest that a large proportion of the 99·3 per cent. cases are settled by processes which might be described by an ugly word?

It should be borne in mind that in Workmen's Compensation Act cases different considerations apply to those of third party claims such as are set out on pages 18 and 19, inasmuch as in those cases liability only arises in cases of negligence on the part of the Council's servants, whereas in Workmen's Compensation Act cases the question of negligence does not enter into consideration. In a case under the Workmen's Compensation Act it is quite sufficient for the employee to cast liability upon the Council, if the accident arose out of, and in the course of, the man's employment, apart altogether from the question of negligence. Moreover, it should be borne in mind that the Act of 1897 only applied to certain kinds of employment, whilst the Act of 1906 largely extended the scope of the previous Act, and now embraces practically every kind of employment, including persons engaged in clerical work up to a certain point.

Some of the cases set out in Table A arose under the Act of 1897, and in some instances where decisions were given in the Council's favour they were given on the ground that the Act did not apply to the particular circumstances.

There is, however, a distinction between claims brought under the Workmen's Compensation Acts in which no question of negligence arises, and claims under the Employers' Liability Act, 1880, because in the latter it is not sufficient to prove that the accident arose out of, and in the course of, the man's employment; it must be further established that the accident was due to the defective works, ways, machinery or plant, the negligence of a person entrusted with the superintendence of the work, or that the injured person was acting under orders he was bound to obey.

Under the Workmen's Compensation Acts the employer is liable for half wages only, whilst under the Employers' Liability Act the injured person is in the same position as a third party at Common Law.

I recently gave evidence for the Council where a strong, burly labourer alleged inability to close his hand, because of a not very serious burn received nine months before. He was work-shy and lazy, and remained in a workhouse infirmary many months after he was well. The judge examined the hand himself, and admitted afterwards that at the time he had satisfied himself the claimant could not close the fingers, and therefore could not work. Counsel invited me, when in the witness box, to examine the hand, and I was able to demonstrate to the court that, to close the hand, all that was wanted was the desire to do so, with the result that the case was decided in the Council's favour. The judge subsequently remarked that he always found serious difficulty with workmen's compensation cases where two sets of doctors gave diametrically opposing evidence; that he had more than once suggested that for the County of London a rota of medical men prominent in their profession should be at the disposal of both parties, and that both plaintiff and defendant should be induced to select one as an official referee. His suggestion was that when the parties did not agree, the referee should be nominated by the judge. The duty of the referee would be to examine the applicants in the presence and with the assistance of a medical man from either side, and then to make a report on the medical aspect of the case, which report should be read at the trial of the action, and should be accepted as conclusive. His Honour pointed out that the saving of the expense of four medical men attending the court would probably pay the fee of the medical referee, which might be made wholly or partially costs in the case. At any rate, the adoption of such a course would, he contended, conduce to a more satisfactory administration of justice.

It is obvious that if these doubtful cases could at an early stage be referred to a medical referee the case would very often be easily and quickly settled.

If but two words in the first schedule of this Act were altered it would greatly reduce the number of these cases.

Section 15 of the schedule enacts that a county court judge may refer a matter to a medical referee "on application being made to the court by both parties." I suggest that the words "either party" be substituted for "both parties." This would make all the difference in the world. The medical part of the case only would go *forthwith* to the official medical referee.

If the medical referees were all judicially minded men of the consultant type there could be no possible objection to this suggested alteration, which would greatly diminish the volume of fraudulent litigation now going on.

As the law now stands, much of the delay is deliberately brought about in order that costs and damages may be piled up, and the litigant must therefore be kept out of work for many months whilst this is being done.

If the question of the claimant's ability to work, or otherwise, could be settled one way or the other at an early stage an important advance would be made.

Then again, if section 5 of the second schedule, which enacts that "a judge may, if he thinks fit, summon a medical officer to sit with him as an assessor," were altered to read "a judge shall, on demand of either party, summon a medical referee to sit with him as an assessor," then much of the wickedness which I have endeavoured to expose would be a thing of the past.

R. J. COLLIE,
Medical Examiner.



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